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File Reference: 132815-9

From:

Name: William J. Clemens

Date: May 27, 2005 Time: 1:28 PM

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Contact Phone No 248-593-3019

Message: Please see the following Amendment for filing in patent application S/N 10/691,939.

Thank you.

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PTO/SB/17 (12/04v2)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
For FY 2005**

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 660)

Complete if known

Application Number	10/691,939
Filing Date	10/23/2003
First Named Inventor	Scott J. Clifford et al.
Examiner Name	M. Lazor
Group/Art Unit	1734
Attorney Docket No.	132815-0009 (formerly 16143)

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

 Check Credit Card Money Order None Other (please identify) _____ Deposit Account Deposit Account Number 12-2136 Deposit Account Name _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. Basic Filing, Search, and Examination Fees

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity	Fee Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims Extra Claims Fee (\$)
27 - 20 or HP = 6 x 50 = 300
Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$)
Fee Paid (\$)Indep. Claims Extra Claims Fee (\$)
4 - 3 or HP = 1 x 360 = 360
Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

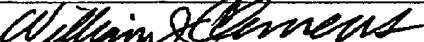
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (± 25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).Total Sheets Extra Sheets Number of each additional 50 Or fraction thereof

/50 = _____ (round up to a whole number) x _____ = _____Fee (\$)
Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge):

Fee Paid (\$)

SUBMITTED BY	Complete if applicable	
Typed or Printed Name	William J. Clemens	Reg. No. 26,855
Signature		Date May 27, 2005

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000132815/0009/628365-1

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By

William J. Clemens

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: CLIFFORD et al.) Group Art Unit: 1734
)
Serial No.: 10/691,939) Examiner: M. Lazor
)
Filed: October 23, 2003) Attorney Docket: 132815-9
) (formerly 16143)
For: ROBOTIC APPARATUS FOR)
<u>PAINTING</u>)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR EXTENSION OF TIME

Honorable Sir:

Please amend the above-identified application as indicated on the following pages.

REQUEST FOR EXTENSION OF TIME

It is respectfully requested that the time for filing a response to the outstanding Office Action, dated January 28, 2005, be extended one month up to and including May 28, 2005.

A Fee Transmittal form, PTO/SB/17, is enclosed herewith authorizing a charge our Deposit Account No. 12-2136. Should any additional time be required, please consider this a conditional petition therefore, and charge our deposit account.

05/31/2005 HLE333 00000046 122136 10691939

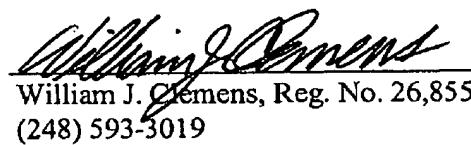
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02 FC:1202 300.00 DA

000132815/0009/022/10-1

05/31/2005 HLE333 00000051 122136 10691939

01 FC:1251 120.00 DA

Respectfully submitted,



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000132815/0009/622710-1